

**THIS FORM WILL BE USED TO HELP THE CHALLENGER SPORTS STAFF BETTER SERVE YOUR CHILD.  
PLEASE COMPLETE ENTIRELY – CHECK ALL BOXES THAT APPLY. THANK YOU!**

**General Information**

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Ambulation**

- ☐ Walks Assisted                      ☐ Walks Unassisted  
☐ Walks Using ( ☐ Walker    ☐ Crutches    ☐ Braces)  
☐ Wheelchair ( ☐ Manual    ☐ Electric)  
☐ Transfers ( ☐ Alone    ☐ Needs Assistance)

**Communication**

- ☐ No Problems    ☐ Non-Verbal    ☐ Sign Language  
☐ Limited abilities, but can communicate daily needs  
☐ Communication Device \_\_\_\_\_

**Vision**    ☐ Normal    ☐ Limited    ☐ Blind    ☐ Glasses

**Hearing**

☐ Normal    ☐ Deaf    ☐ Hard of Hearing    ☐ Hearing Aids

**Behavior**

- ☐ No Problems  
☐ Problems Triggered by: \_\_\_\_\_  
\_\_\_\_\_  
☐ Positive Reinforces: \_\_\_\_\_

**How can Challenger best support and engage**

**participant in activity?** (e.g. redirection, persistence, seek  
caretaker)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seizures**

- ☐ None    ☐ One or two as a small child

Type: \_\_\_\_\_

Last one: \_\_\_\_\_

Usual Frequency: \_\_\_\_\_

Usual Duration: \_\_\_\_\_

Pre-Seizure Activity: \_\_\_\_\_

Triggered by: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

**Chief Diagnosis** (LIST ALL e.g. Seizures, Asthma, MR, CP, A,)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

**Other Comments or Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like your child to get out of this  
activity?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, understand that my child, \_\_\_\_\_, may not participate in a Challenger Sports Program until his/her application is completely filled out. I understand that it is my responsibility as the parent/guardian to update my child's application as needed. All information submitted to the Challenger Sports Series would be kept confidential among the Challenger Sports Staff/Volunteers and the City of College Station's Parks and Recreation Staff.

**Parent/Guardian Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_